2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# M02000002076

Entity Name: BYL SERVICES, LLC

Current Principal Place of Business:

1230 AMERCAN BOULEVARD
WEST CHESTER, PA 19380

New Principal Place of Business:

Current Mailing Address:

1230 AMERCAN BOULEVARD
WEST CHESTER, PA 19380

New Mailing Address:

FEI Number: 23-3049285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	BRITT, JERRY	
Address:	1230 AMERCAN BOULEVARD	
City-St-Zip:	WEST CHESTER, PA 19380	
Title:	MGR	( ) Delete
Name:	SLIWINSKI, KAREN	
Address:	1230 AMERCAN BOULEVARD	
City-St-Zip:	WEST CHESTER, PA 19380	
Title:	MGR	( ) Delete
Name:	SHAUGHNESSY, JAMES J JR.	
Address:	1230 AMERCAN BOULEVARD	
City-St-Zip:	WEST CHESTER, PA 19380	
Title:	MGR	( ) Delete
Name:	HEFT, JEFFREY P	
Address:	1230 AMERCAN BOULEVARD	
City-St-Zip:	WEST CHESTER, PA 19380	
Title:	MGR	( ) Delete
Name:	HOWARD, RYAN M	
Address:	1230 AMERCAN BOULEVARD	
City-St-Zip:	WEST CHESTER, PA 19380	
Title:	MGR	( ) Delete
Name:	KALB, DONALD R	
Address:	1230 AMERCAN BOULEVARD	
City-St-Zip:	WEST CHESTER, PA 19380	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD R KALB MGR 01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date